

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N.A		05/21/01
O.I.P.E. CLASSIFIER	mg		6/4/01
FORMALITY REVIEW	TN	870	OR 18 01
RESPONSE FORMALITY REVIEW	<del>870</del>	1091	10-26-01

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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